



## Complete Summary

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### TITLE

Intensive care unit (ICU) palliative care: percent of patients who have documentation of resuscitation status on or before Day One of ICU admission.

### SOURCE(S)

VHA Inc. TICU care and communication bundle: care and communication quality measures. Irving (TX): VHA Inc.; 2006 Sep 15. 8 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percent of patients with documentation of resuscitation status on or before Day One of intensive care unit (ICU) admission.

### RATIONALE

Palliative care focuses on prevention and relief of suffering, improving communication, promoting concordance between treatment and individual preferences, and facilitating transitions across care settings for patients with life threatening illness and their families. As such, it is increasingly accepted as an integral component of comprehensive intensive care unit (ICU) care for all critically ill patients, including those pursuing every reasonable treatment to prolong life. At the same time, evidence has accumulated that the quality of ICU palliative care needs improvement: patients experience high levels of pain and other distressing symptoms; families fail to understand basic information about diagnosis, prognosis, or critical care treatments and experience high levels of

depression and anxiety; care plans diverge from patients' and families' preferences; and conflict among ICU clinicians, patients, and families is common.

The Institute of Medicine identified improvement of palliative care in the ICU and other care settings as a national health priority. For all healthcare providers and fields, it has also prioritized "closing the gap" between the current knowledge of optimal care and current clinical practice.

This measure is one of ten measures included in a palliative care bundle intended to close the "quality gap" between existing best evidence and current daily practice.

## **PRIMARY CLINICAL COMPONENT**

Intensive care unit (ICU); critical care; palliative care; resuscitation status

## **DENOMINATOR DESCRIPTION**

Total number of patients with an intensive care unit (ICU) length of stay greater than or equal to 5 days (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

## **NUMERATOR DESCRIPTION**

Number of patients who have documentation of resuscitation status on or before Day One of intensive care unit (ICU) admission (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## **Evidence Supporting Need for the Measure**

### **NEED FOR THE MEASURE**

Overall poor quality for the performance measured

### **EVIDENCE SUPPORTING NEED FOR THE MEASURE**

Nelson JE, Mulkerin CM, Adams LL, Pronovost PJ. Improving comfort and communication in the ICU: a practical new tool for palliative care performance measurement and feedback. Qual Saf Health Care 2006 Aug;15(4):264-71. [52 references] [PubMed](#)

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Collaborative inter-organizational quality improvement  
Internal quality improvement  
Quality of care research

## Application of Measure in its Current Use

### CARE SETTING

Hospitals

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Nurses  
Physician Assistants  
Physicians  
Social Workers

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Unspecified

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

Unspecified

## **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

## **BURDEN OF ILLNESS**

See the "Rationale" field.

## **UTILIZATION**

Unspecified

## **COSTS**

Unspecified

## **Institute of Medicine National Healthcare Quality Report Categories**

### **IOM CARE NEED**

End of Life Care  
Getting Better  
Living with Illness

### **IOM DOMAIN**

Effectiveness  
Patient-centeredness  
Timeliness

## **Data Collection for the Measure**

### **CASE FINDING**

Users of care only

### **DESCRIPTION OF CASE FINDING**

Total number of patients with an intensive care unit (ICU) length of stay greater than or equal to 5 days

### **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

### **DENOMINATOR INCLUSIONS/EXCLUSIONS**

**Inclusions**

Total number of patients with an intensive care unit (ICU) length of stay greater than or equal to 5 days

**Exclusions**

- Patients discharged (or transferred out of the ICU) on or before Day One of ICU admission
- Patients expired on or before Day One of ICU admission
- Non-responsive patients with unidentified next of kin

**Note:** The day of ICU admission is considered Day Zero and the following calendar day beginning at 0001 hours is considered Day One.

**RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

**DENOMINATOR (INDEX) EVENT**

Institutionalization

**DENOMINATOR TIME WINDOW**

Time window precedes index event

**NUMERATOR INCLUSIONS/EXCLUSIONS****Inclusions**

Number of patients who have documentation of resuscitation status on or before Day One of intensive care unit (ICU) admission

**Note:** Documentation must be in the medical record and include one or more of the following:

1. documentation of a directive to attempt resuscitation in the event of an arrest,
2. documentation of a directive to forego attempts to resuscitate in the event of an arrest,
3. documentation that the care-team discussed resuscitation status with patient and/or family.

**Exclusions**

Unspecified

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Institutionalization

**DATA SOURCE**

Medical record

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure****SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

Internal time comparison

**Evaluation of Measure Properties****EXTENT OF MEASURE TESTING**

Pilot implementation in a total of 19 intensive care units (ICUs) showed that the measures are feasible and usable and that opportunities exist for quality improvement. Refer to the article by Nelson, et al. for details.

**EVIDENCE FOR RELIABILITY/VALIDITY TESTING**

Nelson JE, Mulkerin CM, Adams LL, Pronovost PJ. Improving comfort and communication in the ICU: a practical new tool for palliative care performance measurement and feedback. Qual Saf Health Care 2006 Aug;15(4):264-71. [52 references] [PubMed](#)

**Identifying Information****ORIGINAL TITLE**

Quality indicator #3: resuscitation status.

**MEASURE COLLECTION**

[Transformation of the Intensive Care Unit \(TICU\) Measures](#)

**MEASURE SET NAME**

[Care and Communication Quality Measures](#)

**DEVELOPER**

VHA, Inc.

**FUNDING SOURCE(S)**

VHA, Inc.

**COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

Internal VHA, Inc. clinical subject matter experts along with external clinical subject matter faculty experts from various National and local research medical centers/hospitals

**FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

None; work was not supported by any third party vendors, contractors or for-profit health care companies including suppliers, device makers, or pharmaceutical firms.

**ADAPTATION**

Measure was not adapted from another source.

**RELEASE DATE**

2006 Sep

**MEASURE STATUS**

This is the current release of the measure.

**SOURCE(S)**

VHA Inc. TICU care and communication bundle: care and communication quality measures. Irving (TX): VHA Inc.; 2006 Sep 15. 8 p.

**MEASURE AVAILABILITY**

The individual measure, "Quality Indicator #3: Resuscitation Status," is published in "TICU Care and Communication Bundle: Care and Communication Quality Measures."

For more information, contact VHA, Inc. at: 220 E. Las Colinas Blvd., Irving, TX 75039; Phone: 1-800-842-5146 or 1-972-830-0626; Web site: [www.vha.com](http://www.vha.com).

## **COMPANION DOCUMENTS**

The following are available:

- VHA, Inc. TICU care & communication bundle: data collection sheet. Irving (TX): VHA, Inc.; 2006 Sep 15. 1 p.
- VHA, Inc. TICU care & communication bundle: care and communication quality measures form. Irving (TX): VHA, Inc.; 2006 Sep 15. 2 p.

For more information, contact VHA, Inc. at: 220 E. Las Colinas Blvd., Irving, TX 75039; Phone: 1-800-842-5146 or 1-972-830-0626; Web site: [www.vha.com](http://www.vha.com).

## **NQMC STATUS**

This NQMC summary was completed by ECRI on June 27, 2007. The information was verified by the measure developer on July 25, 2007.

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